

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/562799

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1							51			
2					1					52			
3										53			
4										54			
5										55			
6										56			
7										57			
8										58			
9										59			
10			1							60			
11										61			
12										62			
13										63			
14										64			
15										65			
16										66			
17										67			
18										68			
19										69			
20										70			
21										71			
22										72			
23										73			
24										74			
25										75			
26										76			
27										77			
28										78			
29										79			
30										80			
31										81			
32										82			
33										83			
34										84			
35										85			
36										86			
37										87			
38										88			
39										89			
40										90			
41										91			
42										92			
43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.			↓	6	↓					TOTAL IND.			↓
TOTAL DEP.			←	4	←					TOTAL DEP.			↓
TOTAL CLAIMS			10							TOTAL CLAIMS			←

BEST AVAILABLE COPY